PATENT APPLICATION FEE DETERMINATION RECORD

COMPIOZZ9

Application or Docket Number

Effective October 1, 2001

| Endoure Colors, 1, 200 | | | | | | | | | | | | |
|---|--|----------------------------------|----------------|-------------------|----------------------------------|------------------|----------|---------------------|------------------------|----------|----------------------------|------------------------|
| CLAIMS AS FILED - PART (Column 1) | | | | | (Column 2) | | | SMALL ENTITY TYPE | | OR | OTHER THAN OR SMALL ENTITY | |
| TOTAL CLAIMS | | | 2.0 | | | | | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| TOTAL CHARGEABLE CLAIMS | | | 20 minus 20= | | * | | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = | | * | - | | X42= | | | X84= | |
| MULTIPLE DEPENDENT CLAIM P | | | RESENT | | | | | | | OR | | |
| | | | | | " "O" in a | alumn 2 | | +140= | | OR | | |
| * If the difference in column 1 is less than zero, ente | | | | | | olumn 2 | | TOTAL | | OR | TOTAL | 740 |
| CLAIMS AS AMENDED - | | | | | PART II (Column 2) (Column 3) | | | SMALL E | ENTITY | OR | OTHER SMALL | |
| | | (Column 1) CLAIMS | 1 | | HEST C | (Column 3) | 1 | | | 1 | | ADDI- |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUN PREV | MBER NOUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | TIONAL FEE |
| DIME | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| MER | Independent | * | Minus | *** | | = | | X42= | | OR | X84= | |
| 4 | FIRST PRESENTATION OF MULTIPLE DEPENDEN | | | | IT CLAIM | |] | +140= | | OR | +280= | |
| | | | | | | | | TOTAL | | 1 | TOTAL | |
| BEST AVAILABLE COPY ADDIT. FEE OR ADDIT. FEE | | | | | | | | | | | | |
| | | (Column 1) | | | ımn 2) | (Column 3) | <u> </u> | | | 3 | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | NUI PREV | HEST MBER HOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| DME | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| MEN | Independent | * | Minus | *** | | = | | X42= | | OR | X84= | |
| 4 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | 110 | | 1 | | |
| | | | | | | | | +140= | | OR | | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | (Column 1) | | (Col | umn 2) | (Column 3 |) | | | | | |
| AMENDMENTC | 0, | CLAIMS REMAINING AFTER AMENDMENT | | HIC NU PRE\ | HEST MBER /IOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| DE | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| MER | Independent | * | Minus | *** | | =- | | X42= | | OR | VOA | |
| | FIRST PRESENTATION OF MULTIPLE DEPEN | | | PENDE | NT CLAIN | <u> </u> | | | | ∜ | | 1 |
| | | | | | | _ | | +140= | | OR | L | |
| ± | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | |
| H | THE LIGHESTIAN | TIDEL LIEVIOUSIA L | and the floral | or mashe | | | ' | | | | | |